

# NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

## NICE quality standards

### Equality impact assessment

#### Head and neck cancer

The impact on equality has been assessed during quality standard development according to the principles of the NICE equality policy.

#### **1. TOPIC ENGAGEMENT STAGE (to be completed by the lead technical analyst before topic engagement)**

1.1 Have any potential equality issues been identified during this stage of the development process?
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No specific equality issues have been identified at this stage however it is noted that head and neck cancer can be linked to use of smokeless tobacco and chewing other substances, including betel which is more common within the South Asian community. Cantonese-style salted fish also increases the risk meaning mouth cancer is higher amongst Asian women than in the white ethnic group. In addition, heavy smoking and alcohol consumption are linked to head and neck cancers.
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1.2 Have any population groups, treatments or settings been excluded from coverage by the quality standard at this stage in the process. Are these exclusions justified – that is, are the reasons legitimate and the exclusion proportionate?
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This quality standard will not exclude consideration of any population groups or settings. However the source guideline relates to the assessment and management of cancers of the upper aerodigestive tract in young people (aged 16 and over) and adults. The management of children under 16 years is provided by the paediatric oncology service.
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Completed by lead technical analyst: Eileen Taylor

Date 17.05.2016

Approved by NICE quality assurance lead: Nick Baillie

Date 17.05.2016

**2. PRE-CONSULTATION STAGE (to be completed by the lead technical analyst before consultation on draft quality standard)**

2.1 Have any potential equality issues been identified during the development of the quality standard (including those identified during the topic engagement process)? How have they been addressed?

Statement 2 notes that due to the availability of FDG PET-CT scanning, a few people with advanced stage cancer of the upper aerodigestive tract may need to travel a significant distance to undergo the scan. People needing this type of scan should be offered it irrespective of the distance they need to travel and should be supported to make the journey if necessary.

Statement 3 notes that the use of sentinel lymph node biopsy in assessing early stage oral cancer is a relatively new procedure. It is not widely available and so people with early stage oral cavity cancer may need to travel a significant distance to undergo the procedure. People needing this procedure should be offered it irrespective of the distance they need to travel and should be supported to make the journey if necessary.

2.2 Have any changes to the scope of the quality standard been made as a result of topic engagement to highlight potential equality issues?

No changes have been made to the scope of the quality standard at this stage.

2.3 Do the draft quality statements make it more difficult in practice for a specific group to access services compared with other groups? If so, what are the barriers to, or difficulties with, access for the specific group?

No.

2.4 Is there potential for the draft quality statements to have an adverse impact on people with disabilities because of something that is a consequence of the disability?

No.

2.5 Are there any recommendations or explanations that the committee could make to remove or alleviate barriers to, or difficulties with, access to services identified in questions 2.1, 2.2 or 2.3, or otherwise fulfil NICE's obligation to advance equality?

The quality standard should advance equality by ensuring that all young people and adults with head and neck cancer are diagnosed and treated appropriately, particularly in relation to access to treatment and scanning as detailed in statements 2 and 3.

Completed by lead technical analyst: Eileen Taylor

Date 14.09.2016

Approved by NICE quality assurance lead: Nick Baillie

Date 14.09.2016

## ***Post-consultation stage***

### **3. Final quality standard (to be completed by the lead technical analyst before GE consideration of final quality standard)**

3.1 Have any additional potential equality issues been raised during the consultation stage, and, if so, how has the committee addressed them?

Statements 2 and 3 note that due to the availability of FDG PET-CT scanning and sentinel lymph node biopsy, some people with cancer of the upper aerodigestive tract may need to travel a significant distance to undergo the scan or biopsy. This type of scan or biopsy should be offered to people who need them irrespective of the distance they need to travel and they should be supported to make the journey if necessary.

3.2 If the quality statements have changed after the consultation stage, are there any that make it more difficult in practice for a specific group to access services compared with other groups? If so, what are the barriers to, or difficulties with, access for the specific group?

N/A

3.3 If the quality statements have changed after consultation, is there potential for the recommendations to have an adverse impact on people with disabilities because of something that is a consequence of the disability?

No.

3.4 If the quality statements have changed after consultation, are there any recommendations or explanations that the Committee could make to remove or alleviate barriers to, or difficulties with, access to services identified in questions 3.1, 3.2 and 3.3, or otherwise fulfil NICE's obligations to advance equality?

No.

Completed by lead technical analyst: Eileen Taylor

Date 17.01.2017

Approved by NICE quality assurance lead Nick Baillie

Date 17.01.2017

**4. After Guidance Executive amendments – if applicable (to be completed by appropriate NICE staff member after Guidance Executive)**

4.1 Outline amendments agreed by Guidance Executive below, if applicable:
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N/A
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Completed by lead technical analyst: Eileen Taylor

Date 15.02.2017

Approved by NICE quality assurance lead Nick Baillie

Date 15.02.2017